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| RULE | | | | |

APPLICANTS

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** CONTINUING DATA ***** *None*** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/21/2003

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|---------------------------------|---|----------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | CA | 5 | 38 | 3 |
| Verified and Acknowledged | <i>[Signature]</i> <i>QT</i> | Examiner's Signature | Initials | | |

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TITLE

Lie-down massager

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